



TOWN OF WESTMINSTER
11 South Street
WESTMINSTER, MASSACHUSETTS 01473
(978) 874-7409 • Fax (978) 874-7462
BOARD OF HEALTH

Permit No. _____

Fee: \$125

WELL PERMIT APPLICATION

- ☐ Installation ☐ Destruction ☐ Alteration/Repair
☐ Private Drinking Water Supply ☐ Semi-public drinking water supply
☐ Geo-Thermal Wells ☐ Monitoring Wells ☐ Auxiliary Wells ☐ Other

Site location & address: _____

Name of owner: _____

Address: _____

City/State/Zip: _____

Phone number: _____

Lot size: _____ Lot number: _____

Serviced by septic system: _____ or town sewer: _____

Name of well driller/contractor: _____

Address: _____

City or town: _____

Phone Number: _____ License Number: _____

Name of pump installer: _____

Address: _____

City/State/Zip: _____

Phone: _____

Type of well proposed: _____

New building: _____ Existing Building: _____

Residential: _____ Number of Bedrooms: _____

Other: _____

Proposed well location: _____
(Plan must be attached) *Show distances from foundation, leaching area, septic tank, other wells, etc.

Date of application: _____

Approved by the Board of Health: _____

Date of approval: _____

Agreement:

The undersigned agrees to ensure the construction and maintenance of the aforescribed well and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Signature

Date

Prior to well usage:

_____ Location staked in accordance with submitted plans.

_____ Board of Health office notified when well driller set up prior to beginning to drill.

_____ Final flow rate confirmed.

_____ Well completion report submitted by installer.

_____ Approved water test from Massachusetts certified laboratory (Certified parameter list must accompany report.)

_____ Installation of treatment system, if recommended.

Type of system installed: _____

Name of installer: _____

Address: _____

City/State/Zip: _____

Phone: _____

WELL COMPLETION COMPLIANCE CERTIFICATE

_____ Installation _____ Destruction _____ Alteration/Repair

_____ Complete and in compliance

_____ Well completion/Decommissioning report submitted by installer

_____ Pump test report filed by installer

_____ Water quality test performed and in compliance

Approved – Westminster Board of Health: _____

Date: _____

WELL PERMIT

Permit # _____

The Westminster Board of Health grants _____ denies _____ permission for
construction _____ destruction _____ alteration/repair _____ of a well at
_____.

Date of Issue: _____ Expiration date: _____

(two years from date of issue)

Restrictions/Extensions/Requirements: _____

Signed

Date